

Application for Certification

ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD RESPONSIBLE VENDOR PROGRAM

FOR OFFICE USE ONLY

CDR Date: _____
CDR Number: _____
Reviewed By: _____
Approved By: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- DO NOT submit this application until ALL employees of your establishment involved in alcoholic beverage sales are successfully trained and tested.
- Complete a separate application for EACH license for which you are requesting certification.
- Complete the **Report of Server, Seller, or Manager Training** form on the reverse side of this application (or attach a separate training form).
- Submit this application along with the thirty-five dollar (\$35.00) surcharge per license to: **The Alabama ABC Board, Responsible Vendor Program, P.O. Box 1151, Montgomery, Alabama 36101.**

PLEASE NOTE: THE SURCHARGE MUST BE IN THE FORM OF CASHIER'S CHECK, MONEY ORDER, OR CASH.

ABC LICENSE NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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License Type

License Number

**COMPLETE THIS INFORMATION AS IT
APPEARS ON YOUR ALCOHOLIC
BEVERAGE LICENSE!**

OWNER INFORMATION

Owner Name: _____
Address: _____
Street Address
City, State, and Zip Code
Owner Telephone: _____

TRADE LOCATION INFORMATION

Trade Name: _____
Address: _____
Street Address
City, State, and Zip Code
Trade Location Telephone: _____

CUSTODIAN OF RESPONSIBLE VENDOR RECORDS:

Name: _____
Mailing Address: _____
Street Address
City, State, and Zip Code

Telephone : _____
Physical Location of Records: _____
Street Address
City, State, and Zip Code

Please answer the following by marking the appropriate response:

- | | | | |
|---|---|--------------------------|--------------------------|
| A | Has each server/seller and manager involved in the sale of alcoholic beverages, completed within this employment at this licensed establishment, an ABC Board approved course of instruction, appropriate to job function and passed an approved examination immediately prior to this application? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Do you understand that persons employed in the future as a server/seller or manager must complete and pass an ABC Board approved course of instruction and examination within 30 days of such employment at this licensed establishment? | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Will you conduct on a semiannual basis, responsible vendor meetings for your servers/sellers and managers, or such other schedule of meetings as approved in writing by the Board, for review and update of instructions? | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|---|--------------------------|--------------------------|
| D | Have you developed a written policy and a standard operating procedure for dealing with underaged persons, and has each server/seller/manager acknowledged that he or she is aware of this policy? | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| E | I agree to maintain the following information in the files of the licensee or designee: Employee's name, social security number, date of employment, course completion date, examination scores with signed corrections, trainer's name, and policy acknowledgments, and semiannual update documentation. | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| F | Have you posted signs on your underage service policy, no less than 8 inches by 13 inches, and, are these signs displayed in unobstructed view inside the main customer entrance(s) and on or near the area where alcoholic beverages are displayed or dispensed? | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| G | Are any ABC violations or actions pending against this license? | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of Agreement and Understanding:

I agree to comply at all times with, and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as it appears in the Code of Alabama, Title 28, the Alabama Responsible Vendor Act of 1990, and all laws of the State of Alabama relative to the handling of alcoholic beverages. I further agree to obey all rules and regulations promulgated by the ABC Board relative to all alcoholic beverages received in this state. I understand that certification shall be subject to withdrawal for cause at the discretion of the Board, and recertification will not be considered for 90 days.

Signature and Title of Owner or Authorized Representative:

Title _____

Signature of Notary Public

STATE OF ALABAMA, COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____, 19 _____.
Notary Signature: _____
My Commission expires _____

